

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10064627 FILING DATE

APPLICANT(S)

9-1-09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<u>5</u>					
TOTAL DEP.	<u>37</u>					
TOTAL CLAIMS	<u>38</u>					

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